

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009394

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1848

FILED FEB 28 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS, MO

Length of stay in 1b

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. LOUIS CITY HOSP. #1

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS 2216 McNair

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

ALFRED

First

Kyle

Middle

SHORT

Last

4. DATE OF DEATH

Month

Day

Year

FEB. 18, 1963

5. SEX

Male

6. COLOR OR RACE

Cau.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-28-15

9. AGE (last birthday)

47

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shipping Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Oklahoma

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Betty

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Betty Short 2216 McNair

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Bleeding Esophageal Varices

DUE TO (b)

5° Corrosion? Etiology

DUE TO (c)

581.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2/17/63

8:05A

to 2/18/63

and last saw her alive on 2/18/63

Death occurred at

8:20 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1515 LAFAYETTE AVE

22c. DATE SIGNED

2/18/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2-21-63

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

M Laughlin 2301 Lafayette Ave.

St. Louis 4, Mo.

25. DATE RECD. BY LOCAL REG.

FEB 20 1963

26. REGISTRAR'S SIGNATURE

Head Smith, M.D.

SCHEWE

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James A. Chapman

Licensed Embalmer No. 4550

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.